

THIS FORM FOR NEW ACCTS ONLY

MONTANA DEPARTMENT OF TRANSPORTATION
P.O. BOX 4639
HELENA, MT 59604-4639
TEL: (406) 444-2998 FAX: (406) 444-0800

APPORTIONED FLEET REGISTRATION
ORIGINAL APPLICATION

SCHEDULE A

MCS WILL GIVE ACCOUNT NUMBER AND FLEET NUMBER

1	Account Number		Fleet Number		Supplemental Number 000		Name of Contact			F.E.I.N/SS Number			
Name of Registrant (REQUIRED)							Registrant (REQUIRED) Telephone # FAX			IFTA License Number			
Doing Business As (if different than registrant name)							Prorate Service Name			USDOT Number			
Physical Location (No P.O. Box)							Telephone # FAX			ICC/MC Number			
Mailing Address							FLEET RECORD INFORMATION (Check Type of Operation) <input type="checkbox"/> PC – Private Carrier <input type="checkbox"/> RC – Rental Carrier <input type="checkbox"/> HH - Haul for Hire <input type="checkbox"/> HC – Household Goods			____ WY INTRASTATE AUTHORITY (Y OR N) ____ 10,000 FLEET MILES IN CO. (Y OR N)			
City			State										
Zip Code		County											
2	UNITS LISTED ON THIS PAGE WILL BE AUTHORIZED TO OPERATE IN THE JURISDICTIONS AT THE WEIGHTS LISTED BELOW. UNITS OPERATING AT DIFFERENT WEIGHTS MUST BE GROUPED ON SEPARATE SHEETS. <i>For Quebec only please put in Combined Axles Also in the: AXLE/COMBINED AXLE AREA.</i>						AB		AL		AR		
AZ	BC	CA	CO	CT	DC	DE	FL						
GA	IA	ID	IL	IN	KS	KY	LA						
MA	MB	MD	ME	MI	MN	MO	MS						
MT	NB	NC	ND	NE	NL	NH	NJ						
NM	NS	NV	NY	OH	OK	ON	OR						
PA	PE	PQ	RI	SC	SD	SK	TN						
TX	UT	VA	VT	WA	WI	WV	WY						
(KEY CODES) TYPE OF VEHICLE: TR = TRACTOR TK = TRUCK (if TK – specify 1/4 3/4 1-ton or over – USE FORM C-T FOR TRAILER) BS = BUS (Need HP) FUEL TYPE: D = DIESEL P = PROPANE G = GASOLINE O = OTHER													
3	1	2	3	4	5	6	7	8	9	10	11	12	13
	EQUIP. NO.	VEHICLE IDENTIFICATION NUMBER	YEAR	MAKE	VEH. TYPE See KEY CODE	AXLES / COMBINED AXLES FOR QUEBEC ONLY OR SEATS FOR BUS	FUEL TYPE	EMPTY WT.	GROSS WT.	FACTORY PRICE	PURCHASE PRICE	DATE OF PURCHASE	PREVIOUS REGISTRATION
						/							
	OWNER:		JURISDICTION TITLED IN AND TITLE NUMBER:						BUS HP:		OVERLENGTH PERMIT:		
						/							
	OWNER:		JURISDICTION TITLED IN AND TITLE NUMBER:						BUS HP:		OVERLENGTH PERMIT:		
						/							
	OWNER:		JURISDICTION TITLED IN AND TITLE NUMBER:						BUS HP:		OVERLENGTH PERMIT:		
						/							
OWNER:		JURISDICTION TITLED IN AND TITLE NUMBER:						BUS HP:		OVERLENGTH PERMIT:			
4	MONTANA OPERATORS – The undersigned, under oath, swears under penalty of perjury and penalty of law that this vehicle is insured as prescribed by 61-6-302 MCA, and declares to have knowledge of applicable State and Federal Motor Carrier Safety laws and that the information furnished in this application and the attached schedules are true and correct.												
AUTHORIZED SIGNATURE: TITLE: DATE:													